



MAKERERE UNIVERSITY



**Supporting Policy Engagement for Evidence-based Decisions for Universal Health Coverage in Uganda**

## Brief on SPEED

SPEED is the acronym for “Supporting Policy Engagement for Evidence-based Decisions” for Universal Health Coverage in Uganda. The project which is being implemented for the period of 5 years aims at boosting policy analysis and influence that supports universal health coverage and health system resilience in Uganda by way of five main activity clusters – 1) strengthening resources and expertise for policy analysis; 2) knowledge generation, 3) stakeholder identification and engagements; 4) support for policy development and 5) monitoring selected policy implementation arrangements. EuropeAid is funding the SPEED project in Uganda under the Support to Public Health Institute Program (EuropeAid/1351/C/ACT/Multi). With funding to a tune of about 3.2 million Euros from the EU and close to 800,000 Euros to be contributed by partners, SPEED aims to strengthen capacity of policy analysis, advice and influence at Makerere University School of Public Health and Partner institutions and contribute to accelerating progress towards UHC and health systems resilience in Uganda.

## The SPEED Target Beneficiaries

SPEED is a strategic partnership of four Ugandan and two international institutions. Makerere University School of Public Health (MaKSPH) is the primary beneficiary. In Uganda, the partner institutions are 1) Makerere University School of Public Health, 2) National Planning Authority, 3) Economic Policy Research Center and 4) Uganda National Health Consumers Organization. The international partners are the Institute of Tropical Medicine, Antwerp, Belgium and Human Sciences Research Council (HSRC) from South Africa. The target group of the SPEED partnership are Government ministries and departments ranging from the Parliament of the Republic of Uganda, Ministry of Health, Ministry of Finance, Ministry of Local Government, Ministry of Gender, Labour and Social Development, development partners, civil society organisations, media and academia.

## The Vision

The SPEED Vision is from two perspectives:

- The MakSPH with an outstanding track record and sustainable capacity for policy analysis, advice and influence for UHC and resilience of Health Systems in Uganda.

- Having state and non-state agencies that understand what UHC entails, and what roles they individually and collaboratively have to play in its realization.

## **Overall Objective:**

To strengthen capacity for policy analysis advice and influence at MakSPH and contribute to accelerating progress towards universal health coverage and health systems resilience in Uganda.

## **Specific Objectives:**

1. To enhance the expertise, knowledge and resources for policy analysis and advice and influence at MakSPH;
2. To engage and influence policy makers with contextually-adapted evidence for health policy and systems changes to advance UHC;
3. To support policymakers to monitor the implementation of vital programs for the realization of policy goals for UHC.

## The SPEED Intervention

SPEED seeks to address 2 broad categories of challenges;

### Challenge 1:

Limited capacity for policy analysis, advice and influence at MakSPH. Capacity for policy analysis at MakSPH is a major challenge with few experts specialized in policy analysis, yet the support expected in this area is enormous especially in the context of UHC.

### Challenge 2:

Incoherence in policy due to pluralistic and uncoordinated stakeholder activity. Policy coherence across governmental sectors and non-state actors for UHC is problematic.

These challenges are being addressed with the main aim of attaining a common vision, policy coherence and collaborative actions across multiple institutions and sectors to accelerate progress towards UHC in Uganda..

## ACHIEVEMENTS

SPEED has held several fora that have brought stakeholders from different sectors in one place to discuss issues related to health and identify their respective roles and contributions. In 2018, SPEED launched the groundbreaking book on UHC in Uganda. Policy analysis and advice on malaria, health workforce and health financing have been undertaken. Below are the key achievements

### 1. Pace-setting symposia on Universal Health Coverage

In 2015 and 2017, the SPEED project organized symposia on key issues of Universal Health Coverage in Uganda and Low and Middle Income Countries. Both symposia brought together close to 500 people from different parts of the world, sharing experiences, debating successes and challenges and drawing pathways to better implementation of universal health coverage in contexts of limited resources. Focusing on key areas like 'taking stock of UHC in Uganda and looking forward' and 'Financing for UHC in Uganda and other low-resourced settings', the two symposia attracted participants from Uganda, other parts of Africa, Europe and the USA. Discussions at these fora have shaped national dialogue on how Uganda can design feasible UHC plans.



*Dr. Kabir Sheikh - Policy Advisor, Alliance for Health Policy and Systems Research, WHO Geneva was one of the keynote speakers at the 2017 symposium*





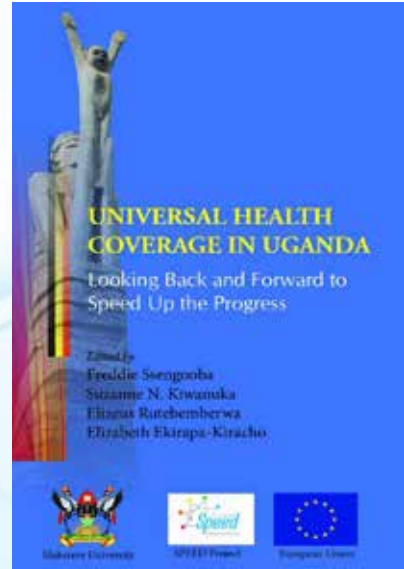
*A group photo for some of the participants at the 2017 symposium.*



## 2. Preparation and Launch of a ground-breaking Book on UHC in Uganda

The 3<sup>rd</sup> May of 2018 was a historic day in the health sector in Uganda. A book on Universal Health Coverage (UHC) was launched at the Serena Hotel in Kampala. The launch ceremony was graced by Minister of State for Primary Healthcare, Honourable Sarah Opendi and Mr. Thomas Tiedemann, Acting Head of Cooperation at the EU Delegation in Uganda.

The book is a brainchild of the SPEED project. This 20 chapter book titled “**Universal Health Coverage in Uganda- Looking Back and Forward to Speed up the Progress**”, captures the status of UHC readiness and generates policy advice, cognisant of the health sector developments in the last 10 to 15 years. It presents the documentation of the experiences and learning from past successes and challenges as a means to support health policy and systems developments for UHC agenda in Uganda and beyond.



The book is organised around three broad questions:

- Given Uganda's recent history, where are the strength and challenges in Uganda's health system developments?
- What are the strategic directions for Uganda to address UHC in the next 10 to 15 years?
- Given Uganda's recent history, what developments are necessary for building strong and resilient health systems for the future?

The book is built on five major themes, i.e. coverage reforms, governance, financing, service delivery and priority interventions. The authors, endeavoured to analyse policy problems from the stakeholders' perspectives. Applied policy analysis was used to clarify and frame the problems for policy actions and innovations within a real life context.



*Book writing session in progress. Teams of writers handling the different chapters had organized sessions to focus on the task*



*Minister of Health in charge of General Duties Honourable Sarah Opendi and Mr. Thomas Tiedemann, the EU Acting Head of Delegation in Uganda launching and signing the book*



*Guests at the UHC Book launch included prominent researchers and international consultants in the field. The book is a significant contribution to the body of evidence on UHC in Uganda*

### 3. The Malaria Story

According to the National Malaria Control Program resources, “malaria is a major public health problem associated with slow socio-economic development and poverty and the most frequently reported disease at both public and private health facilities in Uganda. Clinically diagnosed malaria is the leading cause of morbidity and mortality, accounting for 30-50% of outpatient visits at health facilities, 15-20% of all hospital admissions, and up to 20% of all hospital deaths. 27.2% of inpatient deaths among children under five years of age are due to malaria. A significant percentage of deaths occur at home and are not reported by the facility-based Health Management Information System (HMIS)”.

Malaria is a source of economic and social burden to communities and a threat to UHC progress, suboptimal education performance,





low household food production and incomes due to sick days, high household spending on treatment and reduced savings. Yet government spending on effective, cost-effective malaria prevention strategies like Indoor Residual Spraying (IRS) is low, donor-dependent and uncertain.

Cognizant of this scenario, SPEED Project identified malaria prevention as a priority area for engagement of partners and policy makers with evidence to support policymaking. Several strategies have been used including collecting of experiences from communities where Indoor Residual Spraying has been implemented before in Northern Uganda. These voices packaged in video clips and short stories have been used to engage with partners and policymakers at different levels, including the highest political offices in the country. SPEED joined a wider partnership including the Uganda Parliamentary Forum on Malaria to step up the tempo and engage and higher levels of political leadership. On 5<sup>th</sup> April 2018, the President of the Republic of Uganda, His Excellency Yoweri Kaguta Museveni launched the Mass Action Against Malaria (MAAM) Campaign and announced a budget of USD 10 Million for Indoor Residual Spraying.

#### 4. Speed Costing Study on Health Benefits of the Fika Salama Campaign

In Uganda, Road Traffic Accidents (RTAs) account for almost 3.16% of total deaths particularly among the 15 to 29 year olds and have been consistently high for the past



5 years (Uganda Police 2014 – 2018). To reduce the high incidence of RTAs on one of the highest burden highways in 2016, key stakeholders including the Uganda Police Force (UPF), the Uganda National Roads Authority (UNRA) and others, launched an enhanced traffic intervention code-named “Operation Fika-Salama (OFS)” along Kampala -Masaka road. In this operation, over 34,335 people were arrested for assorted driving offences, and despite the observed change in RTA injuries ever since, the cost savings of this multi-sectoral investment to the health sector have not been known to-date. Hence this study sought to estimate the medical and non-medical costs of Operation Fika Salama and the

Budget Impact of RTA injury management to health facilities and implementing institutions. Data for this costing study was collected using a mixed-methods approach that involved key informant interviews, reviewing records and quantitative interviews of both police and health workers in 6 health facilities and 10 Uganda Police Force stations. Costs in UGX were computed from a provider and a traffic regulators' perspective for a time horizon of two calendar years from January 2016 to December 2017. Injury and cost trends were analyzed using Interrupted Time series, the cost savings of the most efficient intervention phase were determined basing on cost differences between each implementation phase of 6 months and the Normal phase.

Comparing the periodical outcomes of Fika Salama, in the short run the Intensive phase posted the biggest fatality and severe injury reduction of 83% compared to the normal phase but the Reloaded phase had the lowest medical costs of about UGX 2,472,736,858/= (USD 733,749) and highest cost savings of UGX 5,424,489/= (USD 1,609) per RTA injury. The increase in minor injuries in the long run rendered it less attractive compared to the Intensive Phase of OFS.

Similarly considering the non-medical costs, the most optimal non-medical costs of deploying 8 squads of traffic police and 3 patrols at 8 check points in the Reloaded phase was UGX 581,610,534/= (USD 172,585). As such the Reloaded phase posted the largest OFS non-medical cost savings of up to UGX 72,701,317/= (USD 21,573) per check point compared to other phases

Leveraging RTA injury prevention on collaborative initiatives like Fika Salama is not only



*Dr. Steven Kasiima, Director of Traffic and Road Safety speaking at one of the partner meetings during the costing study process*

an effective way of curtailing RTA related fatalities and injuries, but is also a more cost effective way of optimizing prevention benefits and medical cost savings particularly in the long run.

Use of multi-sectoral initiatives like Fika Salama should be increased to finance preventive interventions and reduce road accidents along high burden highways and their major feeder roads. But to sustain their benefits, establishment of programs and permanent structures to oversee their operations is inevitable.

## 5. The Policy Implementation Barometer

The first Policy Implementation Barometer survey was successfully conducted and the report has been produced. This is the first of its kind to be conducted in the region. A lot of interest has been generated and invitations to support other countries in doing the same have been received. Several spin off products and activities like short studies are being developed. Through both local and international engagements, the PIB idea has been widely disseminated. The PIB protocol was published in the Archives of Public Health for wider dissemination. Students at MakSPH and one ITM student are to use PIB approach during their program research projects. The South African government and WHO Afro Region have considered adopting the PIB.



The PIB protocol was published in the Archives of Public Health Journal (<https://www.ncbi.nlm.nih.gov/pubmed/29456843>)

## 6. SPEED Policy Engagements

SPEED has enhanced a common understanding of what it will entail to achieve Universal Health coverage (UHC) in Uganda. Beyond the symposia, SPEED has organised or supported engagement meetings facilitating the awareness of SPEED project objectives among target groups. SPEED engagements have covered mainly the following policy areas:



1. Social and economic determinants of health and governance for UHC in Uganda.
2. Equipment management in the health system.
3. Human resources for health and Community health extension workers (CHEWs).
4. UHC and research agenda
5. Malaria policy and programs
6. Health financing (results-based financing, national health insurance and national health budgets).

The target group have engaged SPEED in national policy studies and decision-making spaces. Ministry of Health, WHO, UNFPA and the National Planning Authority have commissioned SPEED to undertake studies concerned with result-based financing and the unfinished policy and implementation issues in reproductive, maternal and child health. These engagements have opened up opportunities for learning, broader influence beyond target groups in Uganda and mobilising additional resources for SPEED action. Below is an elaboration of some key engagement areas

#### a) **Human Resources for Health**

SPEED is a member of the Health Workforce Technical Working Group. By virtue of this position, SPEED was requested by the Ministry of Health –Uganda top management to analyse the policy implications of undertaking the planned phasing-out of enrolled (certificate holders) nurses, replacing them with diploma holders. A policy paper was developed and presented to the Ministry of Health



*Participants at the Human Resources for Health dialogue meeting*

## **b) Research agenda**

After two meetings; one initial discussion to generate ideas and the second one to validate the ideas, five key themes came out, 1) Human Resources for Health, 2) Governance, 3) Service Delivery, 4) Health Financing and 5) Community Health. These are the key issues that would be prioritized over the next five years as far as research for Universal Health Coverage is concerned.



### c) Social, Environmental and Economic Determinants of Health

In October 2015, WHO in collaboration with the SPEED Project partners- MakSPH and NPA convened a multisectoral meeting to raise awareness on the social determinants of health and generate insights to generate understanding of the respective role of the different sectors and actors to the UHC agenda. Participants included representatives from WHO, UNDP, UNWOMEN, UNFPA, SPEED partners, and representatives from



*Deliberation at the dialogue were conducted using different approaches*

ministries of; Health, Finance, Planning and Economic Development; Lands and Urban Development; Education and Sports; Local Government and Gender, Labour and Social Development. Other ministries included Water and Environment; Agriculture, Animal Industry And Fisheries; Office of the Prime Minister (OPM), Information and Computer Technology; Transport and Works; Justice and Constitutional Affairs; Trade, Tourism and Cooperatives, and Energy and Minerals Development.

From this engagement, WHO commissioned SPEED to undertake a country situational analysis to identify the social, economic and environmental determinants of health with a view of informing UHC policies. This assessment was jointly conducted by SPEED partners; MakSPH, EPRC and the NPA.



*Dr. Juliet Bataringaya (WHO) during the SDH workshop*

#### **d) Think tank meetings to develop a UHC Policy paper**

Through the NPA, SPEED has spearheaded development of a national UHC policy paper highlighting the key policy actions needed for accelerated progress. This document has been developed through a consultative and deliberative process that involved actors from different sectors of government and non-state players such as donors, civil society, private

sectors and academia. The draft document has been presented to different fora such as the Top Management of MOH and Presidential Economic Council (PEC) for enrichment and refinement. It is due for presentation to Cabinet for adoption. These processes and UHC policy paper have fed into the development of the national UHC roadmap.

## 7. Global level contributions to policy debates

SPEED partnership has participated at several international meetings to contribute to global level discourse on UHC and health systems development to support progress. Examples of conferences attended included: a) 4<sup>th</sup> Global Symposium of Health Systems Research (2016), Vancouver, Canada; b) European Health Forum (2015), Gastein, Austria; c) European Health Management Association Symposium (2016), Porto, Portugal; d) Data for Decision (2017), Dhaka Bangladesh; e) 10th European Public Health Conference, Stockholm 2017; f) 10th European Congress on Tropical Medicine and International Health (ECTMIH), Antwerp; and g) The 4th Biennial Scientific AfHEA Conference-Rabat, Morocco. Other key strategic meetings were invitations from; UHC2030 partnership, WHO Regional Office-Africa, WHO Department of Governance and Financing and the East African Community..



## 2018 World Health Assembly

SPEED with support from the European Union made a presentation at World Health Assembly 2018 side-event organised by the Governments of Uganda and Ethiopia in Geneva. The SPEED Director, Prof. Freddie Ssengooba represented the Project and made a presentation titled: “Deliberations for Evidence Informed UHC Policies and Programming in Uganda”. The event enabled SPEED to show case her contributions to evidence based decision making for UHC in Uganda. It also reinforced the project’s good standing as major reference for UHC policy advice in Uganda.

From the Assembly, many opportunities for work and collaboration emerged. These included: a) The SPEED team was requested to work with the MOH on developing the road for the UHC in Uganda, b) The SPEED team was invited to the Ministry of Health top Management meeting to provide insights on UHC and c) opportunity to deliver keynote address at the 2018 Health sector review meeting.

## 8. Capacity building engagements

Short study grants have been awarded to faculty and students at MakSPH to build capacity in policy analysis, advice and influence. The idea is to enable them contribute to generation of evidence to support decisions towards Universal Health Coverage in Uganda.

## a) SPEED Support to the Fellowship Programme in Health Systems Management

The Fellowship Programme in Health Systems Management (FPHSM) was developed in response to a number of challenges that were noted in health systems management in Uganda. The FPHSM was developed by Makerere School of Public Health (MakSPH) together with Institute of Tropical Medicine (ITM) of Antwerp, the Uganda Ministry of Health (MoH) and the Uganda Public Health Specialists Association (UPHSA). The key objective of the FPHSM was to strengthen the capacity for managing the health system at the programme, district, national and international levels. There is substantial overlap in terms of objectives and stakeholders for the FPHSM and SPEED.

The FPHSM an innovative approach to health worker professional development was structured to support acquisition of advanced health systems management competencies, with minimum disruption of their duties. The FPHSM was a professional and action-oriented training and research programme that targeted health system managers with a Master's Degree in Public Health or related field and a minimum of three-year experience after post-graduate training. It aimed at improving management skills and competencies of senior and middle level managers in the Uganda health system, through a combination of theory and work-based approaches to capacity building.

During the development of the SPEED programme, provision was made for support to the FPHSM, with a target of supporting 30 Fellows.



*Cohort II Fellows pose for a group photo with their certificates upon graduation*



*SPEED Director-Professor Freddie Ssengooba handing over a certificate to one of the fellows*



*Participants at the Fellows' dissemination and graduation event*

By the close of the fellowship programme in 2016, SPEED provided support financial, logistical and human resource/technical support to the fellows. This support resulted in the publication of papers, blogs, policy briefs and other products. Fellows were also supported to prepare and submit abstracts to various conferences.

### b) Training in policy analysis

A training on 'How to do Policy Analysis' was conducted for students and faculty at MakSPH. After the training, follow up support meetings were held for those working on studies. Thirty people were trained.



*Participants during the policy analysis training*



*Book writing workshops and training of authors in applied policy analysis*

All SPEED members have been engaged in different stages of scientific work commissioned by SPEED or its target audience. This has reinforced capacity in evidence-generation, and policy analysis and influence.

The process of preparing the UHC book entailed training for over 30 authors and contributors in applied policy analysis.



### c) Training in developing policy briefs and blogs

Students who received small study grants from the SPEED project for their Master's programme dissertation studies, were facilitated to develop policy briefs from their work. A training was organized for the group for a hands-on training that led to the production of eight policy briefs. These have been uploaded on the SPEED website and can be downloaded for reference.



*Some of the participants during the training. Extreme right is SPEED Director, Professor Freddie Ssengooba*

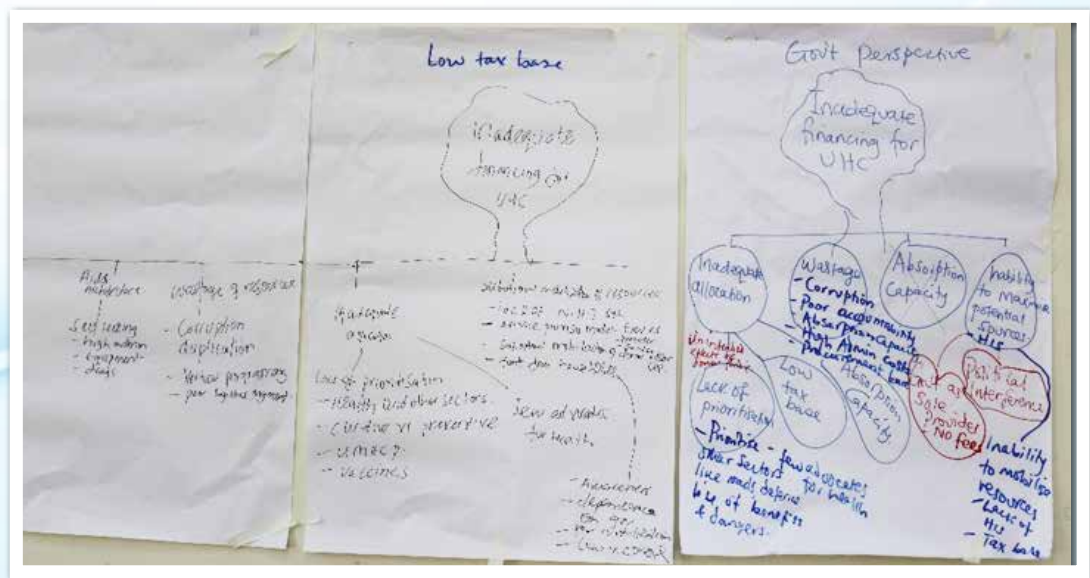
### d) Training in policy advocacy planning

A hands-on Policy Advocacy Planning workshop was organised on 4-5th August 2016 to this end. Twenty eight (28) participants worked on refining the advocacy plans for Malaria, UHC financing and Road traffic accidents.





*A group works during a group brainstorming exercise*



One of the products from the brainstorming by the participants

## 9. Seminars

SPEED has convened several seminars to facilitate sharing of evidence and mutual understanding of issues related to UHC and systems developments in Uganda. Topics covered during the seminars include for instance:

- a) Dual practice.
- b) Policy implementation monitoring.
- c) Bottom up approaches to UHC policy development.
- d) Results-based financing
- e) Health insurance and UHC.
- f) Infrastructure development for UHC
- g) Social and economic determinants of health
- h) Technology and equipment management in the systems.
- i) Human resources for health



*Participants in the Policy Implementation Barometer (PIB) seminar at HSRC in Pretoria*





*Participants in the Performance-based Financing (PBF) seminar at Makerere University School of Public Health*

## The SPEED Partnership

### Makerere University School of Public Health (Lead agency)

**MakSPH** is one of the four Schools of Makerere University College of Health Sciences. The School has reasonable experience upon which to build capacity in policy influence, advice and health systems resilience. It is a regional leader in public health training and research. For more information, <http://musph.mak.ac.ug/>

### Economic Policy Research Centre:

The EPRC is a research institution helping the Ministry of Finance, Planning and Economic Development to understand the economic implications of policies. The Centre will help address economic and macro-economic issues around UHC.

For more information,

[http://www.eprc.or.ug/data/smenu/7/1/Who\\_we\\_Are.html](http://www.eprc.or.ug/data/smenu/7/1/Who_we_Are.html)

### Human Sciences Research Council

The **HSRC** has the mandate and the competence in social sciences and development politics. The Council will bring these competences to the SPEED partnership. For more information, <http://www.hsrc.ac.za/en>

### Institute of Tropical Medicine – Antwerp:

The **ITM** has a track record in health system strengthening and has worked with many partners in developing countries, including Uganda. ITM, Ministry of Health, Uganda Public Health Specialists Association and MakSPH are currently jointly running a health system fellowship. For more information, <http://www.itg.be/itg>

### National Planning Authority:

The **NPA** has the mandate of convening players from all other sectors together for development planning. The NPA wrote the Uganda Vision 2040, which among other things specifies what the health sector should contribute to the Vision 2040. For more information, <http://npa.ug/about-npa/>

### Uganda National Health Consumers' Organisation:

The **UNHCO** is an advocacy organisation with capacity to bring different other organisations to coalesce so as to speak with one voice. For more information <http://unhco.or.ug/about-3/>





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